

09/23/2003 12:44 FAX 919 941 1515

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DATE: September 23, 2003

RECIPIENT INFORMATION

To: Examiner Michelle M. Kidwell
Voice Tel. No.:
Fax Tel. No.: 703.872.9306
Your Ref.: 09/380,208

SENDER INFORMATION

From: Mary B. Grant
Voice Tel. No.: 919.941.8830
Sent By: Sandra
Our Ref.: 000500-196
Total Pages: 18

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SEP 24 2003

MESSAGE:
Attached formal documents.

Thank you

OFFICIAL

Patent
Attorney's Docket No. 000500-196

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	
Eva SIMMONS et al.)	Group Art Unit: 3761
Application No.: 09/380,208)	Examiner: Michele M. KIDWELL
Filed: November 8, 1999)	Confirmation No.: 2331
For: AN ABSORBENT ARTICLE THAT)	
INCLUDES A LIQUID BARRIER WITH)	
IMPROVED SEALING)	

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is also enclosed.
- ☐ ___ Terminal Disclaimer(s) and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) is/are also enclosed.
- ☐ Also enclosed is/are ___.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$375.00 (2801) ☐ \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted ___ on ___, for which continued examination is requested.
- ☐ Applicant(s) requests suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (\$375.00 (2809)/\$750.00 (1809)) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

Patent
Attorney's Docket No. 000500-196

AMENDED CLAIMS					
	No. of Claims	MINUS (-) Highest No. of Claims Previously Paid For	EQUALS (=) Extra Claims	TIMES (x) Rate	EQUALS (=) Additional Fee
Total Claims			0	\$ 18.00	\$ -
Independent Claims			0	\$ 84.00	\$ -
If Amendment adds multiple dependent claims, add \$280.00 (1203)					\$ -
Total Claim Amendment Fee					\$ -
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee					\$ -
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ -

- ☐ A claim fee in the amount of \$___ is enclosed.
☐ Charge \$___ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: September 23, 2003

By: Mary B. Grant
 Mary B. Grant
 Registration No. 32,176

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I hereby certify that this correspondence is being filed by facsimile transmission to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450, to facsimile number 1.703.872.9306 on this date, September 23, 2003

by Sandra B. Paye
 Sandra B. Paye